



Master Electrician or Special Electrician Experience Verification Form

Applicant Name: _____
(Print)

Electrician Business where applicant was supervised: _____
(Print)

Instructions to Applicant

Please print your name and the name of the company for which you worked and give this form to **EACH** licensee that you have worked for during the timeframe you are claiming as qualifying experience.

Instructions to Supervisor/Licensee

The above Applicant has applied to become a Licensed Master Electrician (ME) or Licensed Special Electrician (SE) with the New York City Department of Buildings. The Applicant indicated in his or her application that he or she worked under your supervision while working for the above business/firm and that you were licensed to perform such work during that employment.

If the Applicant had more than one direct supervisor, please photocopy this verification form and have each supervisor **SEPARATELY** complete their verification and fax and mail it back to this office as instructed below.

Please read and follow these directions before filling out the form:

- All sections of this verification form must be completed by the ME or SE whom directly supervised the Applicant. It **MAY NOT** be completed by an Office Manager or Personnel/Human Resources employee.
- The ME or SE and **NOT THE APPLICANT** must complete all portions of this verification form. It must be signed, sealed and notarized.
- Please list **ONLY** the job duties the Applicant performed under your direct supervision.
- Answer every question or indicate "N/A" (not applicable) when the question does not apply to you.
- Please attach copies of the Electrician licenses you currently hold and held when the applicant was under your supervision.
- If the licensee supervised applicant at more than one business please photocopy and fill out additional verification forms.
- Once completed, please mail the original notarized verification form(s) to the applicant who will then submit the forms to the Department of Buildings.

YOUR FAILURE TO RESPOND **MAY RESULT IN THE APPLICANT'S DISQUALIFICATION** FOR THIS LICENSE, AND/OR YOU BEING REQUIRED TO TESTIFY IN FRONT OF THE ELECTRICAL LICENSE BOARD.

Applicant's Name _____

Licensee Initial here _____ 1



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LICENSEE INFORMATION:

Your name: _____

Your current job title: _____

Your current telephone number: _____ Fax number: _____

Your title when supervising the Applicant (if different) _____

Have you held a NYC ME or SE? Yes No

If yes, list License #: _____ Date of Issuance: _____ Date of Expiration: _____

Since your license was issued, was there any period during which your license(s) was not active?

Yes No

If yes, list the time period(s) when your license was inactive: _____

Current Electrician Business (if different):

Please list any additional Electrician license(s) you hold (not in NYC) or held at the time you supervised the applicant and the jurisdiction of licensure. *(please attach copies):*

License #: _____ Jurisdiction of Issuance: _____ Date of Issuance: _____

Date of Expiration: _____

License #: _____ Jurisdiction of Issuance: _____ Date of Issuance: _____

Date of Expiration: _____

Since your license(s) was issued, was there any period when your license(s) was not active?

Yes No

If yes, list the License#(s) and the time period(s) when your license was inactive: _____

APPLICANT'S EMPLOYMENT INFORMATION:

If you supervised the applicant over more than one time frame, please make additional copies of this page for each supervision period or if the applicant was employed at your firm for multiple time periods, please make additional copies for each employment period. Number # of additional pages: _____

Employed From: _____ To: _____

Did you directly supervise the Applicant? Yes No

If no, please explain here:

Were you licensed as an Electrician while the Applicant was under your supervision? Yes No

If no, please explain here:

Applicant's Name _____

Licensee Initial here _____



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While under your direct and continuing supervision, was the applicant employed on a full-time basis in the installation, alteration and repair of wiring and appliances for electric light, heat and power in or on buildings or comparable facilities? Full time employment is considered 35-40 hours per week.

Yes No

If no, please explain here:

Was the applicant under your payroll (or the payroll of your employer)? Yes No

If not, please explain here and attach documentation that would reflect the relationship you and/or your company had with the applicant's employer during your supervision.

Please fill out chart on page 4.

Are you aware of any acts or omissions by the applicant that may reflect on the applicant's moral character? Yes No

Explain:



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For the time the Applicant was under your supervision, please provide the required information below:

You must provide a detailed description of the work the Applicant performed in each title. Just stating that the applicant worked in “design, alteration and repair” is not enough. You must clearly describe the work (e.g. general wiring, metering work, etc.) the applicant performed during his or her employment and the types of jobs on which the Applicant worked (new buildings, gut renovation, lighting, sidewalk sheds, and premises/permit information by way of example)

Applicant's Title	Time period	Wages per hour	Hours per week	Describe type of work performed: (Please describe ALL types of work and provide examples)

Applicant's Name _____

Licensee Initial here _____



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Additional Comments regarding Applicant's experience and ability:

Please note: Failure to completely and accurately provide a detailed description of the applicant's work may result in your testimony and questioning by the Electrical License Board.

I have voluntarily provided the attached information on the verification form regarding this Applicant. I attest and affirm to the truthfulness of my statements and fully understand that any false statement or any material omission made in connection with this document is sufficient cause for The City Of New York to deny the license being sought by the applicant. I also understand and agree that that any false statement or any material omission made in connection with this document is sufficient cause for the City Of New York to invalidate, rescind or revoke any and all licenses and/or registrations that were issued to me under the jurisdiction of the NYC Department of Buildings. In addition, I understand that any such false submission may subject me to criminal charges, including, but not limited to, New York State Penal Law sections 175.35 (offering a false statement for filing) and 240.40 (sworn false statement) and/or title 18 U.S.C section 1001 (false or fraudulent statement), which may result in imprisonment, a fine, or both.

Print your name: _____

Your signature: _____

Date: _____

STATE OF _____)
COUNTY OF _____) SS:

On the _____ day of _____ in the year _____, the undersigned, _____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above Verification and, after being duly sworn upon his oath, says that the facts alleged in the foregoing affidavit are true.

(Notary Public)

Licensee (Place Seal) here: